

RECEIVED

JUN 16 2015

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO AND FOR THE COUNTY OF TWIN FALLS

IDAHO/NORTHERN

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9324

Date Received: ~~6/9/2014~~ 6-16-2015

Receipt No: T099395

Received By: 2W

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TOM TURCOTT Phone: (208) 818-5930

39211 S HWY 3

SAINT MARIES ID 83861

DEANN TURCOTT Phone: (208) 818-5930

39211 S HWY 3

SAINT MARIES ID 83861

CLARENCE BATES Phone: (208) 689-3293

40479 S HWY 3

SAINT MARIES ID 83861

2. Date of Priority: 1/23/1914

3. Source: UNNAMED STREAM Tributary to: BLACK CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
47N	02W	17	NW NW		KOOTENAI	Beginning Point
47N	02W	17	NW NW		KOOTENAI	Ending Point

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	50

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	02W	17	NW NW		STOCKWATER	
						Section Acres
						Total Acres

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6/16/2015

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Date property was purchased by the family

Description of use: Water Use

Description

STOCKWATER

Mixed Stock in process of growth

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Sharon O. Yount Date: 6-16-15

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of Organization

That I have signed the foregoing document in the space below as

Title of Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name